



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
 Corporation

**FILED**

JAN 27 2021

4073

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>2139</u>		2. Exact name of the Corporation <u>BEAM TRUCK AND BODY INC.</u>			
3. Principal Office Address <u>433 CUMBERLAND HILL ROAD</u>		City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	
4. NAICS Code <u>522220</u>		6. Brief description of the character of business conducted in Rhode Island <u>SALES + SERVICE OF TRUCK'S + EQUIPMENT</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>AARON P. SMITH</u>			Vice-President Name <u>Roderic R. TIMPANY</u>		
Street Address <u>27 LANEWAY STREET</u>			Street Address <u>151 DONAHUE ROAD</u>		
City <u>TAUNTON</u>	State <u>MA</u>	Zip <u>02780</u>	City <u>PASCOAG</u>	State <u>RI</u>	Zip <u>02859</u>
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			<u>NONE</u>		PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <u>AARON P. SMITH</u>				Date <u>1-21-21</u>	
Signature of Authorized Representative 					